Name in Full — Certificate of Death

Gertrude Renton

Town — County

Died at Cumb. Cumb. — MARYLAND

	Month	Day		Y.	M	D.	Native of	Occupation
Date 1954.	Sept.	18.	Age	56	2		Md.	none

~~Male~~ / White / ~~Colored~~ / ~~Single~~ / Widow / Divorced

Female / ~~Colored~~ / ~~Single~~ / ~~Widower~~ / ~~Number of children living~~

Husband of
Wife

Father's Name Wm. L. Renton

Mother's Name Sarah A. Renton

Cause of Death — Primary: C. Infundibulum — How long sick 3 days

Immediate: Convulsions

~~Accident, Suicide, Homicide~~

Reported by Dr. C. W. Whisland M.D.

Address Keyser Town Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7970R

Name in Full: William Edmond Cresswell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crumpton — County: Queen Anne

Date of death 1904 — Month: Sept — Day: 14

Age — Years: — Months: 2 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Crumpton Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Peter Cresswell — Father's Birthplace: Penna.

Mother's Maiden Name: Daisy Viola Schwatka — Mother's Birthplace: Md.

Name of person giving information: Peter Cresswell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Deformity of Cranial Bones — How long: 2 mos 12 days

Immediate: Meningitis — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Sheppard M.D.

Address: Crumpton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Kenneth R Crouch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Emmitsburg — County: Frederick

Date of death 1904: Month: 9 — Day: 17 — Age: Years: 7 — Months: 2 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Frederick Co.

Occupation: — Where Residing if not at place of death: Blackspring

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm T Crouch — Father's Birthplace: Kent

Mother's Maiden Name: Lucie R Morgan — Mother's Birthplace: Frederick Co.

Name of person giving information: Wm T Crouch — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned — How long: —

Immediate: Drowned — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard R. Hopkins

Address: Emmitsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Florence Cuff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clarks Corner; County: Queen Annes County

Date of death: 1904; Month: September; Day: 24th

Age: Years: 10; Months: 11; Days:

Sex: Female

Color or Race: Colored

Birthplace: Clarks Corner

Occupation: none

Where Residing if not at place of death: Clarks Corner

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wm J. Cuff

Father's Birthplace: Queen Annes Co.

Mother's Maiden Name: Catherine Burkett

Mother's Birthplace: " " "

Name of person giving In formation: Wm Cuff

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tubercular Consumption

How long: 2 months

Immediate: Prostration

How long: 12 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: A. S. Dudley

Address: Church Hill

Queen annes Co. Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Manchester — (County) Queen Anne

Date of death 1904 — Month: Sept. — Day: 27 — Age: Years: Still born - Months: — Days:

Sex: male — Color or Race: white — Birthplace: Manchester, Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Luther Jewell — Father's Birthplace: Kent Co., Md.

Mother's Maiden Name: Martha E. Wilson — Mother's Birthplace: Queen Anne Co.

Name of person giving Information: Luther Jewell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: W. Adams

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Annie M Kirby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grys — County: Carroll

Date of death: Month: 9 — Day: 9 — 1904

Age: Years: 75 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Kent Co

Occupation: Home Wife — Where Residing if not at place of death: Grys

Married, Single or Widowed: Widow — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Rasin Gale — Father's Birthplace: Kent Co

Mother's Maiden Name: Mary Smith — Mother's Birthplace: " "

Name of person giving Information: L C Kirby — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: Some Yrs

Immediate: Acute Indigestion — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W C McCormick

Address: Underdale Co

Accident or Suicide?

LIBRARY BUREAU A66516

James
Omer

Name in Full: Ethel Nickerson

CERTIFICATE OF DEATH

Died at: near Poplar Town; Queen Anne County; MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month ~~9~~	Day ~~30th~~	Age Years	Months 4 1/2	Days
Sex: Female	Color or Race: White			Birthplace: Md	
Occupation:		Where Residing if not at place of death:			
Married, Single or Widowed:		Name of Wife or Husband:			
Father's Name: F. P. Nickerson				Father's Birthplace: Md	
Mother's Maiden Name: Anna Jackson				Mother's Birthplace: Delaware	
Name of person giving Information: F. P. Nickerson				How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 or 3 weeks

Intermediate: ~~Was~~ Child ~~called to Child~~ sick again, died about 3 hours after

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. [illegible]

Address: Middletown, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mildred Anna Parks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Winchester; County: Queen Anns

Date of death: 1904; Month: Sept; Day: 30; Age: Years; Months: 5; Days: 23

Sex: Female; Color or Race: White; Birthplace: Winchester

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Joseph H. Parks; Father's Birthplace: Winchester

Mother's Maiden Name: Myrtus A. Landon; Mother's Birthplace: Landonville

Name of person giving In formation: Myrtus A Parks; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro Enteritis; How long: Several weeks

Immediate: Marasmus; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. T. Henry

Address: Stevensville Md.

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Name in Full: Amilia E. Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Jarrettsville — County: Harford

Date of death: 1904 — Month: 9 — Day: 10

Age — Years: — Months: 7 — Days: —

Sex:

Color or Race: White

Birthplace: Harford Co

Occupation: —

Where Residing if not at place of death: Near Jarrettsville

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas. R. Price

Father's Birthplace: Harford Co

Mother's Maiden Name: Agnes Rhoads

Mother's Birthplace: " "

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: 24 hours

Immediate: Spasms

How long: one hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard R. Hopkins

Address: Jarrettsville Md.

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Ralph Slemaker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jim Town — County: Carroll

Date of death: Month: 9 — Day: 9 — 1904

Age: Years: 10 — Months: — Days:

Sex: Male

Color or Race: Colored

Birthplace: Carroll

Occupation:

Where Residing if not at place of death: Jim Town

~~Married~~, Single or ~~Widowed~~

Name of Wife or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alex Slemaker — Father's Birthplace: Carroll

Mother's Maiden Name: Jennie Royal — Mother's Birthplace: Carroll

Name of person giving information: Alf Slemaker — How related to deceased: Brother

CAUSES OF DEATH

Primary: Appendicitis — How long: Two weeks

Immediate: General Peritonitis — How long: Four Days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard R. Hopkins

Address: Uniontown, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Amanda Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Winchester — County: Queen Anne's — MARYLAND

Date of death 1907 — Month: Sept. — Day: 3 — Age — Years: 64 — Months: 9 — Days:

Sex: female — Color or Race: white — Birthplace: Va.

Occupation: house wife — Where Residing if not at place of death: Winchester

Married, Single or Widowed: Married — Name of Wife or Husband: Amanda Stevens

Father's Name: William Davis — Father's Birthplace: Va.

Mother's Maiden Name: Mary Rusk — Mother's Birthplace: Va.

Name of person giving Information: W. E. Stevens — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malonial fever - with Chronic goitre Colaps — How long: Five two weeks - colaps indefinite

Immediate: Malnutrition - Exhaustion — How long: 4 weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Adams -

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Victoria Tolson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chester; County: Queen Anne's

Date of death: 1904 Month: Feb. Day:

Age: [redacted] Years: 17 Months: Days:

Sex: [redacted] Color or Race: White Birthplace: Chester

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband: James Edward Tolson

Father's Name: Henry Lewis Father's Birthplace: Kent Isl.

Mother's Maiden Name: Mother's Birthplace: Kent Isl.

Name of person giving information: Willie Tolson How related to deceased: cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Tuberculosis How long: several years

Immediate: General Debility How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. J. Henry

Address: Stevensville Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Frank Watson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spanyards Neck County: Queen Anne Co

Date of death: Month: 1904 Sept Day: 25th Age: Years: —— Months: 9 Days:

Sex: male Color or Race: Black Birthplace: Q.A. Co.

Occupation: —— Where Residing if not at place of death: ——

Married, Single or Widowed: —— Name of Wife or Husband: ——

Father's Name: Geo Watson Father's Birthplace: Spanish Neck

Mother's Maiden Name: Sadie Kerby Mother's Birthplace: " "

Name of person giving In formation: Jos H. Wilson How related to deceased: Father by marriage

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: One month

Immediate: " " How long: a few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R.W. Eddins

Address: Centreville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A83515

Name in Full: Tilarnice Weeks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton County: Talbot

Date of death: Month: Sept Day: 6 Year: 1904

Age: Years: 1 Months: 8 Days:

Sex: Female Color or Race: Colored Birthplace: Kent Island

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: James Weeks Father's Birthplace: Kent Island

Mother's Maiden Name: Lilian Weeks Mother's Birthplace: Kent Island

Name of person giving information: James Weeks How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis How long: 4 or 5 days

Immediate: Heart failure How long: 3 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. C. Thomas Jr

Address: made to her

Accident or Suicide?

LIBRARY BUREAU A65516